**Sample Schedule A Letter for Licensed Medical Practitioners**

*The letter must be printed on “medical professional’s” letterhead and must include a signature or it is invalid.*

*I recommend saving this letter to your thumb drive then taking it with you to your doctor’s appointment and asking it to be completed during your appointment. The office staff can easily take your document off the thumb drive and print on the doctors’ letterhead.*

Date

To Whom It May Concern:

This letter serves as certification that (*name of patient/applicant*) is an individual with an intellectual disability, severe physical disability or psychiatric disability, and can be considered for employment under the Schedule A hiring authority 5 CFR 213,3102(u). Thank you for your interest in considering this individual for employment. You may contact me at (phone number).

Sincerely,

(Medical professional’s signature)

(Medical professional’s title)

**Sample Schedule A Letter for Vocational Rehabilitation Professionals**

As above – ensure you get the letter on letterhead with the state seal and contact information for the **agency** *and* **person** signing your letter

Date

To Whom It May Concern:

This letter serves as certification that (name) is an individual with a documented disability, identified by the (vocational rehabilitation services agency name) policy and can be considered for employment under the Schedule A hiring authority 5 CFR 213.3102 (u) for people with intellectual disabilities, severe physical disabilities or psychiatric disabilities. Thank you for your interest in considering this individual for employment. You may contact me at (contact information).

Sincerely,

(Vocational rehabilitation professional’s signature)